

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.



Gwendolyn Mosley  
 Easterling Correctional Facility  
 200 Wallace Drive  
 Clio, AL 36017-2615

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/18/06

Address different from item 1? ☐ Yesdelivery address below: ☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

(Transfer from service label)

7005 1160 0001 2962 4646

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540